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FACSIMILE COVER SHEET

DATE: February 23, 2006

TO: Examiner Gary Jackson

TC Art Unit: 3731

FROM: Thomas O. Hoover

Our File: BIH-002AX

Your Ref:

Application No. 10/647,657 Filed Date: August 25, 2003 Confirmation No.: 2131 Fax No.: (571) 273 8300

No. of pages transmitted (including this page): 2

Time:

Sent by: Tanya

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MESSAGE

PLEASE DELIVER <u>DIRECTLY</u> TO: EXAMINER Gary Jackson, Tel. (571) 272 4697 TC ART UNIT NO: 3731

FOR ENTRY

Enclosed for filing please find an Notice of Appeal.

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.

Attorney for Applicant: Thomas O. Hoover

Registration No. 32,470

326249.1

THIS MESSAGE MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION INTENDED ONLY FOR THE PERSON(S) IDENTIFIED ABOVE. IF IT HAS BEEN RECEIVED AT ANY OTHER PLACE OR HAS NOT BEEN CLEARLY RECEIVED, PLEASE CALL THE ABOVE IDENTIFIED SENDING PARTY COLLECT FOR INSTRUCTIONS. DO NOT SHOW OR DISTRIBUTE THIS MESSAGE TO ANYONE OTHER THAN THE INTENDED RECIPIENT(S). THANK YOU,

Rev 09/03

Application: 10/647,657 Filed: 8/25/03 TC Art Unit: 3731 Confirmation No.: 2131

WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP

Ten Post Office Square Boston, Massachusetts 02109 Telephone: (617) 542-2290 Telecopier: (617) 451-0313



Date: February 23, 2006

FEB 2 3 2006

Attorney
Docket No.: BIH-002AX

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

In re application of: Cohn et al.

Entitled: SUTURE SYSTEM

VIA FACSIMILE

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 23, 2005 of the Examiner finally rejecting claims 1-14.

The Commissioner is authorized to charge payment of \$500.00 to Deposit Account No. 23-0804 for the cost of the Notice of Appeal.

The following checked items are appropriate:

A timely response to the final rejection:

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An extension of time to respond to the final rejection:

- () was requested on ______ for ___ month(s);
- [X] is hereby requested for 3 month(s) and the Commissioner is authorized to charge payment of \$510.00 to Deposit Account No. 23-0804.
- 3. [] is included on the enclosed amendment transmittal form along with a check in the amount of \$______ for the extension fee.
- [] In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- [X] The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Jackson, TC Art Unit 3731, Fax No. (571) 273 8300, on January 23,2000

02/24/2006 TL0111 00000027 230804 10647657

01 FC:2401 250.09 DA 02 FC:2253 510.09 DA Attorney of Record: Thomas O. Hoover

Registration No.: 32,470